

# **Blanket Accident and Health Plan**

**Designed for the Students of:**



700 College Avenue  
Carlinville, IL 62626

**2009-2010**

Policy Number: 09200669

Please keep this outline of coverage for  
future reference



**TABLE OF CONTENTS**  
**BLACKBURN COLLEGE**  
**Policy Number: 09200669**

I. Student Assist Blanket Health Insurance Plan	
Student Eligibility .....	1
Refund Provision.....	1
Term of Coverage.....	1
Annual Cost.....	1
Definitions .....	1
Extension of Benefits.....	2
Mandated Benefits .....	3
Schedule of Medical Benefits.....	6-7
Coordination of Benefits.....	9
Conformity with State Statutes .....	9
Travel Assistance Services .....	8
Exclusions.....	10
Blanket Health Insurance Claim Procedures .....	11
Privacy Practices .....	12

---

**INTRODUCTION**

Hospitalization, surgery and accompanying medical Expenses are at an all time high. Many students are not prepared to meet the added cost of an unexpected Accident or Sickness. Costly medical bills can impose tremendous hardship, and even necessitate withdrawal from school. The College is concerned with the health and well being of its students. Student Accident and Sickness insurance is designed to provide low-cost coverage for unanticipated medical Expenses. Please read the provisions of this insurance plan carefully.

---

**ELIGIBILITY**

All full-time students enrolled for a minimum of 12 credit hours are included in this insurance plan and the premium for coverage is added to the tuition billing.

---

**REFUND PROVISION**

In the event an Insured person leaves school to enter active military service, coverage will cease and a pro rata refund of premium will be made upon request. Other than as stated here, no refunds are available.

---

**TERM OF COVERAGE**

The policy for the current year becomes effective on 08/22/2009 at 12:01 a.m. and expires on 05/09/2010 at 12:01 a.m. Coverage remains in effect during holiday and vacation periods. Should an Insured person graduate or withdraw from the institution, the insurance shall remain in effect until the end of the period for which premium has been paid.

---

**ANNUAL COST**

Student ..... \$21

---

**DEFINITIONS**

**Accident** means a sudden, unexpected and unintended event which is identifiable and caused solely by an external physical force resulting in Injury to an Insured person. Accident does not include a Loss due to or contributed to by disease or Sickness.

**Deductible** means the amount an Insured is required to pay as provided by the applicable coverage under the policy in the event of a Loss.

**Expense** means the Usual and Customary charges for Medically Necessary treatment, service or supplies. Such Expense shall not include any amount not customarily charged to persons without insurance.

**Hospital** means a licensed institution including a tax-supported institution of the state which has on the premises, or prearranged access to, medical and surgical facilities. It must maintain permanent facilities for the care of overnight resident patients under the care of a Physician. It must have a Registered Nurse (R.N.) always on duty or call. Confinement in the special wing of a Hospital used primarily as a nursing, rest, convalescent or extended care facility is not confinement in a Hospital, unless such confinement is because of a lack of space in the Hospital's full service wing.

**Injury** means bodily harm caused by an Accident which occurs while the policy is in force

and is the sole cause of the Loss.

**Insured** means an eligible student or an eligible student's dependent (if dependent coverage is available under the policy).

**Loss** means medical Expense caused by Injury or Sickness and covered by the policy.

**Medically Necessary** means medical services, supplies or treatment authorized by a Physician to treat an Insured person's bodily Injury or Sickness which are: (a) consistent with the symptoms or diagnosis; (b) appropriate and accepted according to good medical practice standards; (c) not primarily for the convenience of the Insured person, Physician or other providers; and (d) consistent with the most appropriate supply or level of services which can safely be provided to the patient.

**Physician** means any practitioner of the healing arts, licensed by the state in which he practices and acting within the scope of his license, including a duly licensed podiatrist, surgeon, osteopath, dentist, chiropractor, optometrist, psychologist, physical therapist, and graduate nurse. Physician shall not include a member of the Insured's immediate family.

**Pre-Existing Condition** means any condition for which medical advice or treatment was received or recommended within the six months immediately preceding Your effective date of coverage. This exclusion applies for 12 months after Your effective date of coverage. This exclusion does not apply to a pregnancy existing on Your effective date of coverage. We shall credit the time You were previously covered under a previous health insurance plan or policy or employer provided health benefit arrangement, if the previous coverage was continuous to a date not more than 63 days prior to the effective date of the new coverage. Such credit shall apply to the extent that the previous coverage was substantially similar to the new coverage. The creditable coverage outlined above means any prior health care coverage as defined in HIPAA which includes group coverage; individual coverage; Medicare; Medicaid; military service related care; Indian health service or tribal organization coverage; state health benefits risk pool; a public program offered under the Federal Employees Health Benefits Program; a public health plan; Peace Corps Act health plan; state children's health programs (S-CHIP); and foreign national health plans.

**Sickness** means disease or illness which causes a Loss while the Insured is covered by the policy. Sickness includes normal pregnancy and complications of pregnancy.

**Usual and Customary Expense** means an Expense which: (a) is charged for treatment, supplies or medical services Medically Necessary to treat the Insured's condition; and (b) does not exceed the usual level of charges made for similar treatment, supplies or medical services in the locality where the Expense is incurred.

**We, Us or Our** means Markel Insurance Company.

**You, Your or Yours** means the Insured.

---

## EXTENSION OF BENEFITS

Extension of Benefits means the coverage provided under the policy ceases on the expiration date. However, if on the expiration date, the Insured is under a Physician's care for a condition covered by the policy, benefits will be extended for the condition for up to 30 days after the expiration date.

This Extension of Benefits only applies to the Insureds who are not eligible to continue

coverage under the new or renewal policy issued to the Policyholder. Benefits paid for a covered condition before the expiration date and during the Extension of Benefits will not exceed the limits of the policy.

---

## MANDATED BENEFITS

**The following benefits are mandated by state regulation. These benefits are provided: 1) to the extent that the type of Expense is covered under the basic policy; and 2) at the same payment level as any other Sickness or Injury, unless otherwise stated below.**

**Maternity Inpatient Care Expense:** We will pay the Expense incurred in connection with inpatient hospitalization services for a covered mother and a newborn child for a minimum of: a) 48 hours after an uncomplicated vaginal delivery; and b) 96 hours after delivery by an uncomplicated cesarean section. A shorter length of Hospital inpatient stay for services related to maternity and newborn care may be provided if the attending Physician, licensed to practice medicine in all of its branches, determines, in accordance with the protocols and guidelines developed by the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics, that the mother and the newborn meet the appropriate guidelines for that length of stay based upon evaluation of the mother and newborn and the availability of a post-discharge Physician office visit or in-home visit to verify the condition of the infant in the first 48 hours after discharge.

**Mammography Expense:** We will pay the Expense for screening by Low-Dose Mammography for all women 35 years of age or older for the presence of occult breast cancer. The coverage shall be as follows: 1) a baseline mammogram for women 35 to 39 years of age; 2) an annual mammogram for women 40 years of age or older; 3) a mammogram at the age and intervals considered Medically Necessary by the woman's health care provider for women under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors; and 4) a comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue, when Medically Necessary as determined by a Physician licensed to practice medicine in all of its branches. "Low-Dose Mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with radiation exposure delivery of less than one rad per breast for two views of an average size breast.

**Cervical or Pap Smear Expense:** We will pay the Expense for pelvic examinations and pap smear examinations, including FDA approved cytological screening technology.

**Mastectomy and Breast Reconstructive Surgery Expense:** We will pay the Expense incurred in connection with mastectomy and breast reconstruction. This shall include: a) reconstruction of the breast upon which the mastectomy has been performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; and c) prostheses and treatment for physical complications at all stages of mastectomy, including lymphedemas.

**Prostate Cancer Test Expense:** We will pay the Expense for an annual digital rectal examination and a prostate-specific antigen test for male Insureds upon the recommendation of a Physician licensed to practice medicine in all its branches for: a) asymptomatic men age 50 and over; b) African-American men age 40 and over; and c) men age 40 and over with a family history of prostate cancer.

**Diabetes Equipment, Training and Education Expense:** We will pay the Expense for outpatient self-management training and education, equipment and supplies for the treatment of type 1 diabetes, type 2 diabetes and gestational diabetes mellitus.

“Diabetes self-management training” means instruction in an outpatient setting which enables a diabetic patient to understand the diabetic management process and daily management of diabetic therapy as a means of avoiding frequent hospitalization and complications. Diabetes self-management training shall include the content areas listed in the National Standards for Diabetes Self-Management Education Programs as published by the American Diabetes Association, including medical nutrition therapy.

“Medical nutrition therapy” shall have the meaning ascribed to “medical nutrition care” in the Dietetic and Nutrition Services Practice Act.

“Qualified provider” means a Physician licensed to practice medicine in all of its branches or a certified, registered or licensed network health care professional with expertise in diabetes management.

Coverage shall be limited to the following: 1) up to three Medically Necessary visits to a qualified provider upon initial diagnosis of diabetes by the patient’s Physician; 2) up to two Medically Necessary visits to a qualified provider upon a determination by the patient’s Physician that a significant change in the patient’s symptoms or medical condition has occurred. A “significant change” in condition means symptomatic hyperglycemia (greater than 250 mg/dl on repeated occasions), severe hypoglycemia (requiring the assistance of another person), onset or progression of diabetes, or a significant change in medical condition that would require a significantly different treatment regimen. Coverage shall be provided for equipment, pharmaceuticals and supplies when Medically Necessary and prescribed by a Physician licensed to practice medicine in all of its branches. Coverage shall be provided for regular foot care exams by a Physician or by a Physician to whom a Physician has referred the patient. If authorized by a Physician, diabetes self-management training may be provided as a part of an office visit, group setting or home visit.

**Surveillance Tests for Ovarian Cancer Expense:** We will pay the Expense for surveillance tests for ovarian cancer for Insureds who are at risk for ovarian cancer. “Surveillance tests” means annual screening using: a) CA-125 serum tumor marker testing; b) transvaginal ultrasound; and c) pelvic examination. “At risk” for ovarian cancer means having a family history: (i) with one or more first-degree relatives with ovarian cancer; (ii) of clusters of women relatives with breast cancer; (iii) of nonpolyposis colorectal cancer; or (iv) testing positive for BRCA1 or BRCA2 mutations.

**Multiple Sclerosis Preventive Physical Therapy Expense:** We will pay the Expense for Medically Necessary preventive physical therapy for an Insured diagnosed with multiple sclerosis. “Preventive Physical Therapy” means physical therapy that is prescribed by a Physician licensed to practice medicine in all of its branches for the purpose of treating parts of the body affected by multiple sclerosis, but only where the physical therapy includes reasonably defined goals, including, but not limited to, sustaining the level of function the person has achieved, with periodic evaluation of the efficacy of the physical therapy against those goals.

**Colorectal Cancer Screening Expense:** We will pay the Expense for colorectal cancer screening with sigmoidoscopy or fecal occult blood testing once every three years as follows: a) for persons who are at least 50 years old; and b) for persons at least 30 years of age who may be classified as high risk for colorectal cancer because the person or

a first degree family member has a history of colorectal cancer.

**Bone Mass Measurement and Diagnosis and Treatment for Osteoporosis:** We will pay the Expense for Medically Necessary bone mass measurement and for the diagnosis and treatment of osteoporosis.

**Clinical Breast Examination Expense:** We will pay the Expense for complete and thorough clinical breast examinations performed by a Physician licensed to practice medicine in all its branches, an advanced practice nurse who has a collaborative agreement with a collaborating Physician that authorizes breast examinations, or a Physician assistant who has been delegated authority to provide breast examinations, to check for lumps and other changes for the purpose of early detection and prevention of breast cancer as follows: 1) at least every three years for women at least 20 years of age but less than 40 years of age; and 2) annually for women 40 years of age or older.

---

## TRAVEL BENEFITS

All services or benefits provided in this policy and outlined below must be pre-approved by Us or Our representative.

---

## EMERGENCY EVACUATION BENEFIT

We will pay for Covered Emergency Evacuation Expenses incurred if the Insured person suffers an Injury or Sickness that requires Emergency Evacuation while on Covered Travel. Benefits payable are subject to a maximum amount per Insured person of \$50,000 for all Emergency Evacuations due to all Injuries from the same Accident or all Sicknesses from the same or related causes, and this is also the aggregate maximum for all travel benefits including Medically Necessary Transportation and the Repatriation of Remains Benefit.

The Physician must order the Emergency Evacuation and must certify that the severity of the Insured person’s Injury or emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

---

## MEDICALLY NECESSARY TRANSPORTATION

If the Insured person is hospitalized for more than five consecutive days following a Covered Emergency Evacuation, We will pay, subject to any limitations stated herein, for Expenses to return the Insured person from the medical facility to which he or she was treated to the Insured person’s return destination, less refunds from the Insured person’s unused Transportation tickets. Airfare costs will be economy or first class if the Insured person’s original tickets are first class.

---

## REPATRIATION OF REMAINS BENEFIT

If the Insured person suffers a covered loss of life while on Covered Travel, We will pay, subject to the limitations stated below, for Covered Expenses reasonably incurred to return the Insured person’s body to their home country, but not exceeding a maximum per Insured person benefit amount of \$50,000, and this is also the aggregate maximum for all travel benefits including the Emergency Evacuation Benefit and Medically Necessary Transportation.

Covered Expenses. Covered Expenses include, but are not limited to, Expenses incurred in accordance with the applicable international requirements for:

## SCHEDULE OF BENEFITS

SECTION I, BASIC ACCIDENT & SICKNESS EXPENSE BENEFITS	Aggregate Maximum Benefit														
When You suffer a Loss from Injury or Sickness, We will pay the Expense incurred up to an aggregate maximum benefit. Benefits are allocated as follows:.	\$5,000														
<u>Hospital Room and Board Expense:</u> When Your Injury or Sickness requires Hospital confinement, We will pay the Hospital room and board Expense up to the semi-private rate. ICU will be paid at the ICU rate.	Semi-Private														
<u>Hospital Miscellaneous Expense:</u> We will pay the Expenses incurred by You during a Hospital confinement or as an outpatient for day surgery for services provided by a Hospital, ambulatory surgical center or ambulatory medical center up to a maximum benefit. We will pay for anesthesia, operating room, laboratory tests, x-rays, oxygen, drugs, medicines, dressings, and other necessary non-room and board Expenses.	\$1,000														
<p><u>Surgical Expense:</u> When Your Injury or Sickness requires surgery, We will pay the Expense based on the MDR (Medical Data Research) survey of surgical fees valued at the 90th percentile. Only one surgical procedure will be covered when multiple procedures are performed, unless Medically Necessary. We will also pay for services of a Physician.</p> <p>If the surgery requires the services of an anesthetist who is not employed or retained by the Hospital in which the surgery is performed, We will pay the Loss incurred up to a maximum benefit.</p> <p>If the surgery requires the services of an assistant surgeon, We will pay the Loss incurred up to a maximum benefit..</p>	<p>Included</p> <p>\$250</p> <p>\$250</p>														
<u>Outpatient Expense:</u> When Your Injury or Sickness requires the use of outpatient facilities of an ambulatory surgical center, ambulatory medical center, Hospital or Physician's office for the use of diagnostic x-ray, including ultrasound, MRI and CAT Scan, laboratory services, an emergency room, operating room, Physician, prescribed medicine under the Physician's direction, and Ambulance. We will pay the Expense up to a maximum benefit.	\$750														
<b>SECTION II, ACCIDENTAL DEATH &amp; DISMEMBERMENT BENEFITS</b>															
<p>Accidental Death and Dismemberment Insurance covers You for a Loss as shown below. The Loss must result from an Accident, directly and independently of all other causes. The Accident must take place while You are insured under the policy. Also, the Loss must take place within 52 weeks after the Accident.</p> <p>The following table shows the amounts We will pay:</p> <table border="0" data-bbox="96 1015 840 1258"> <tr> <td>For Loss Of</td> <td>Amount</td> </tr> <tr> <td>Life</td> <td>\$1,000</td> </tr> <tr> <td>Both hands or both feet or sight of both eyes</td> <td>\$1,000</td> </tr> <tr> <td>One hand and one foot</td> <td>\$1,000</td> </tr> <tr> <td>One hand and sight of one eye</td> <td>\$1,000</td> </tr> <tr> <td>One foot and sight of one eye</td> <td>\$1,000</td> </tr> <tr> <td>One hand or one foot or sight of one eye</td> <td>\$500</td> </tr> </table> <p>The most We will pay for all Losses of an Insured as the result of one Accident is \$1,000.</p> <p>Loss to hands and feet means</p>	For Loss Of	Amount	Life	\$1,000	Both hands or both feet or sight of both eyes	\$1,000	One hand and one foot	\$1,000	One hand and sight of one eye	\$1,000	One foot and sight of one eye	\$1,000	One hand or one foot or sight of one eye	\$500	\$1,000
For Loss Of	Amount														
Life	\$1,000														
Both hands or both feet or sight of both eyes	\$1,000														
One hand and one foot	\$1,000														
One hand and sight of one eye	\$1,000														
One foot and sight of one eye	\$1,000														
One hand or one foot or sight of one eye	\$500														
<b>SECTION III, SUPPLEMENTAL EXPENSE BENEFIT</b>															
If the covered medical Expense for Your Injury or Sickness exceeds the aggregate maximum We owe under the basic Accident or basic Sickness benefits, We will pay 80% of the Expense up to a combined maximum of \$10,000. This does not included coverage for Outpatient Expenses. Covered Expenses for daily Hospital room and board will not be more than the usual semi-private room charge.	80% up to a combined maximum of \$10,000														

- (1) embalming;
- (2) cremation;
- (3) the most economical coffins or receptacles adequate for Transportation of the remains; and
- (4) Transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

Benefits will not be provided for any Expense provided by another party at no cost to the Insured person or already included in the cost of the Covered Travel.

We or Our representative must authorize all Expenses in advance for any travel benefit to be payable.

### **Definitions**

**The following definitions apply to the aforementioned Travel Benefits:**

**Covered Travel means any travel 100 miles or more from home.**

**Covered Emergency Evacuation Expenses** are those for Medically Necessary Transportation, including Usual and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured person. Expenses for Transportation must be: (1) recommended by the attending Physician; and (2) required by the standard regulations of the conveyance transporting the Insured person.

**Emergency Evacuation means:** (1) the Insured person's medical condition warrants immediate Transportation from the place where the Insured person is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (2) after being treated at a local Hospital, the Insured person's medical condition warrants Transportation to the United States or Canada (where he or she resides) to obtain further medical treatment or to recover; or (3) both (1) and (2) above.

**Transportation** means any land, sea or air conveyance required to transport the Insured person during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulance, land ambulance and private motor vehicles.

---

### **TRAVEL ASSISTANCE SERVICES**

Provided that travel is 100 miles or more from the Insured's primary residence, AXA Assistance USA shall provide or facilitate the following services below on a worldwide basis, where available and whenever possible:

1. 24 Hour toll free access worldwide
2. Referrals to hospitals, physicians, and specialist
3. Guarantee of Medical Expenses
4. Medical monitoring
5. Emergency prescription transfer
6. Emergency cash/bail assistance
7. Legal Referrals
8. Telephone translation assistance
9. Lost document assistance
10. General travel assistance

The toll free number for AXA Assistance USA is (888) 735-8473.

---

### **COORDINATION OF BENEFITS**

This policy coordinates with other plans under which an individual is covered so that the total benefits available will not exceed 100% of the allowable Expenses.

When a claim is made, other valid and collectible insurance pays its benefits without regard to this policy. This policy then adjusts benefits so that the total benefits available will not exceed the allowable Expenses. No plan pays more than it would without the coordination provision. In the absence of other valid and collectible insurance, it is Our intention that Expenses incurred in connection with any covered Injury or Sickness shall be fully payable subject to the terms, conditions and limitations of this policy.

"Other valid and collectible insurance" shall mean any plan providing medical Expense benefits for or by reason of dental, Physician, nurse, Hospital care, treatment, or confinement, or the performance of surgery and/or anesthesia, which benefits are provided by (1) any type of service plan contracts, any group or blanket insurance, employee benefit plan or any plan arranged through an employer, trustee, union or employee benefit association; or (2) any plan or program created or administered by national or state government, or agencies thereof; or (3) individual insurance. We will not limit or exclude payment on a claim because the Insured person is eligible for or is provided medical assistance under the provisions of Title XIX of the Social Security Act.

A plan without a coordinating provision is always the primary plan.

---

### **CONFORMITY WITH STATE STATUTES**

Any provision of this plan of insurance which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

**Any Expense not specifically listed in the preceding sections is not covered.**

---

## EXCLUSIONS

The policy does not cover Loss nor provide benefits for:

- Expenses for dental treatment, except for treatment resulting from Injury to natural teeth; or as specifically provided by a Sickness Dental Expense Benefit, if included in the policy;
- Services normally provided without charge by the Policyholder's health service, infirmary, Hospital or employees;
- Routine eye exams and contacts; replacing eyeglasses or prescription therefore; routine examinations and services related to hearing examinations or hearing aids; or treatment for hearing defects not related to an Injury or Sickness;
- Routine physical examinations; preventive care; elective surgery and elective treatment; services solely to improve appearance; for personal hygiene; services specifically for dietary control; custodial, sanitarial or rest care; or fertility testing;
- Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery which results from trauma, infection or other diseases of the involved part; reconstructive surgery because of congenital disease or deformity of a dependent child. Cosmetic surgery due to congenital defects will be covered for newborn children;
- False labor; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication of pregnancy;
- Treatment or supplies for the newborn infant except that required for the treatment of a covered Accident or Sickness;
- Voluntary termination of pregnancy;
- Skydiving; recreational parachuting; hang gliding; glider flying; parasailing; sail planing; bungee jumping; or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
- Injury or Sickness resulting from any declared or undeclared war;
- Injury due to participation in a riot; commission of or attempt to commit a felony;
- Suicide, attempted suicide or intentionally self-inflicted Injury;
- Injury or Sickness while in the armed forces of any country. When an Insured enters such armed forces, We will refund the unearned pro rata premium to the Insured;
- Injury or Sickness covered by any workers' compensation or occupational disease law;
- Injury or Sickness resulting from being under the influence of alcohol or drugs unless taken on a Physician's advice;
- Treatment provided in a governmental Hospital unless the Insured is legally obligated to pay such charges;
- Injury resulting from the practice or play of intercollegiate sports: or
- Pre-Existing Conditions
- Outpatient Mental Nervous Services.

---

## SERVICE INFORMATION

If You have questions about Your coverage, or need assistance in resolving a complaint, please contact the Administrator shown as follows:

---

## BLANKET HEALTH INSURANCE CLAIM PROCEDURES

To file a claim under the Accident and Health Plan, the student should:

1. Complete a claim form, if applicable, and submit it to the Claims Administrator. Claim forms must be completed and signed for accident claims. A claim form is not required for sickness claims, although in certain circumstances one may be requested by the Claims Administrator for completion. Claim forms are available from the Claims Administrator or online at Our website [www.collegeinsurance.com](http://www.collegeinsurance.com).

Pioneer Administrative Services

A POMCO Company

A Markel Business Partner

PO Box 186

Syracuse, NY 13206

Telephone number 866-653-2542

Fax Number for claims: 315-433-5444

Email: [studentinfo@pomcogroup.com](mailto:studentinfo@pomcogroup.com)

2. Submit itemized medical and Hospital bills within 90 days from the date of loss to the Claim Administrator. Please indicate in your submission, the student's school name, student name, policy number and student ID number even if the charges are for a spouse or dependent.
3. Preauthorization and precertification of benefits to providers of medical service are not required nor provided by Us.
4. Direct all questions regarding claim procedures, status of a submitted claim or payment of a claim, or benefit availability to the Claims Administrator.

This outline of coverage is intended only for quick reference and does not limit or amplify the coverage described in the master policy which contains complete terms and provisions. A copy of the master policy is on file at the College.

---

## **MARKEL PRIVACY PRACTICES**

We maintain physical, electronic and procedural safeguards that comply with federal standards to protect Your personal information. We do not use or disclose Your information for any fundraising, marketing or research activities.

We use and disclose Your information to determine Your eligibility for plan benefits, to facilitate payment for treatment and services provided to You, to coordinate benefits and to carry out other necessary insurance-related activities. We use or disclose the minimum information necessary to process a claim or answer a claims inquiry. We may also disclose Your information to law or government agencies when required by law to do so.

Under the privacy laws, You have unlimited access to Your information. You may limit how We use and disclose Your information and get a listing of instances where it was disclosed. You may request that We correct inaccurate information or add missing information.

If You have any questions about Your rights, Our Privacy Practices or You want to file a complaint, please contact Our Privacy Officer at: Phone (800) 431-1270 or [www.markelAH.com](http://www.markelAH.com).

Underwritten by:



Markel Insurance Company  
P. O. Box 3870  
Glen Allen, Virginia 23058  
800-431-1270  
[www.markelAH.com](http://www.markelAH.com)